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Bib Data Sheet

CONFIRMATION NO. 5414

<b>SERIAL NUMBER</b> 10/526,854	<b>FILING OR 371(c) DATE</b> 12/18/2005 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1744	<b>ATTORNEY DOCKET NO.</b> 29326-028 NATL
<b>APPLICANTS</b> Vincent Ronfard, Newton, MA;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/IB03/04506 09/05/2003 which claims benefit of 60/408,566 09/06/2002 and claims benefit of 60/433,715 12/16/2002 * (*)Data provided by applicant is not consistent with PTO records.				
<b>** FOREIGN APPLICATIONS *****</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 42
<b>INDEPENDENT CLAIMS</b> 6				
<b>ADDRESS</b> 30623				
<b>TITLE</b> Fibrin cell supports and methods of use thereof				
<b>FILING FEE RECEIVED</b> 2730	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	